

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF CONNECTICUT**

In re _____)
)
) CHAPTER _____
)
) CASE NO. _____
)
)
 Debtor(s).)
 _____)

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information).

☐ Debtor has a Social Security Number and it is: ____-____-_____
(If more than one, state all).

☐ Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information).

☐ Joint Debtor has a Social Security Number and it is: ____-____-_____
(If more than one, state all).

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Debtor Date

Signature of Joint Debtor Date

**Joint debtors must provide information for both spouses.*

Penalty for making a false statement: Fine up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.